CLINICAL NOTES IN ANAESTHESIA

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IN the Services the continual posting from station to station of both medical staff and patients has made it difficult to follow up case histories rapidly owing to the inevitable week to ten days delay between requesting and receiving information. This unavoidable delay frequently affects the anaesthetist who is called upon to anaesthetise a patient who, on admission 24 to 48 hours prior to operation, announces that he or she "gave trouble" when last anaesthetised. Postponement of the operation, even if this is possible, so that the previous anaesthetic history can be obtained, is unlikely to be of any assistance as the general rule appears to be that the Surgeon writing up details of the operation performed inserts "G.A." and the rank and name of the Anaesthetist at the top of his operation note if a general anaesthetic has been given and "L.A." if the operation has been performed under some form of local analgesia.

In the Army Medical Services for some years an effort has been made to get information concerning the anaesthesia received by a patient recorded in the in-patient notes as it is felt that there are very cogent reasons why simple but concise clinical notes should be kept of all anaesthetics given.

The most obvious of these reasons are:—

- (a) To refresh the memory in fatal cases or cases where litigation brings the anaesthetist into contact with the Coroner or the Law Courts.
- (b) To enable the anaesthetist who has a patient requiring multiple anaesthetics to review previous techniques and decide whether they are still appropriate or need modification.
- (c) To enable the anaesthetist faced with a patient who admits to a bad anaesthetic history to obtain from the old in-patient notes a clear and precise picture of such a history and thus eliminate any possible causes of difficulty in the techniques he proposes to use.

It is now considered that it is incumbent upon the Anaesthetist to record in the case notes of each patient having an anaesthetic the following information:—

1. The name of the Anaesthetist.
2. The duration of the operation.
3. The anaesthetic technique employed,
4. The patient's response to anaesthesia.
5. Any relevant events affecting or complicating anaesthesia.
6. The amount and nature of any intravenous infusions administered during the operation.
7. The duration of tourniquet time in applicable cases.

It has been suggested that a rubber stamp be used to provide *headings* for anaesthetic clinical notes. The writer designed a rubber stamp in 1958 for the purpose of recording anaesthetic techniques based upon the patients in his hospital and most of the criteria now required were catered for. This stamp was designed to eliminate as much writing as

possible by crossing out items not applicable and inserting dosages etc. in items that were applicable. The Anaesthetist then dated and signed in the appropriate boxes. This stamp has now been modified to include all items thought to be necessary (Fig. 1).

/ /		DURATION		mins	N2 O, O2	
TRILENE/ETHER			THIOPENTONE mgs			
CYCLO/HALOTHANE			RESP. SPONTANEOUS/CONTROLLED			
RELAXANTS		ADJUVANTS		INTUBATION		
Brevedil	mgs	Pethedine	mgs	Oral		
Flaxedil	mgs	Phenergan	mgs	Nasal. Size:		
Curare	mgs	Largactil	mgs	Cuffed.		
TOURNIQUET		IV FLUIDS		COURSE		
YES/NO		SALINE ○		AND		
		DEXTRAN ○		COMMENT		
mins		BLOOD ○		SIGNED:		

Fig. 1

The apparently minimal size of the box reserved for "Course" that is to say items 4 and 5 of the information required is due to the fact that, unless the whole procedure has been entirely straightforward and the result satisfactory, the Anaesthetist in charge of the case will require to give the fullest details and comments for future reference and the use of an asterisk in this box together with one at the beginning of his comment will serve to attract the attention of the Anaesthetist on some future occasion.

The rubber stamp as demonstrated in Fig. 1 has been designed to fit into the lines of the pages used for in-patient notes in the hospitals at which the writer anaesthetises but can be readily modified to fit the lines of pages used for this purpose in any other group of hospitals.

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